



**APPLICATION
FOR THE
ARIZONA SUPREME COURT
COMMITTEES AND COMMISSIONS**



Please answer all items; attach additional sheets as needed.

FULL NAME

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP

EMPLOYER

TITLE

OFFICE ADDRESS

PHONE/FAX

CITY

STATE

ZIP

SOCIAL SECURITY#

DATE & PLACE OF BIRTH

COMMITTEE/COMMISSION OF INTEREST (List according to preference);

1.

2.

3.

EDUCATION (Include names(s) of institutions(s) and year degree(s) received):

PROFESSIONAL AND/OR COMMUNITY SERVICE ACTIVITIES (Include date(s) of service and, if applicable, title of office(s) held):

PLEASE LIST THREE REFERENCES (PERSONAL AND/OR PROFESSIONAL):

Name	Phone	Position/Title
Employer personal " both		Relationship " professional "

Name	Phone	Position/Title
Employer personal " both		Relationship " professional "

Name	Phone	Position/Title
Employer personal " both		Relationship " professional "

AFFIRMATION OF ELIGIBILITY:

To your knowledge, have any formal charges of professional misconduct, criminal misdemeanor, or a felony ever been filed against you? Yes () No () If yes, please attach explanation.

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Supreme Court? Yes () No () If yes, please attach explanation.

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you. Said investigation may include a criminal history investigation pursuant to A.R.S. §41-1750(G)(2).

SIGNATURE _____ DATE _____

PLEASE ATTACH YOUR RESUME

OPTIONAL SECTION

The Arizona Supreme Court strives for diversity in its appointments. Therefore, in this optional section, we ask you to consider providing us with information that will help us evaluate our progress in achieving this goal.

<u>RACE/ETHNICITY:</u>	[]	WHITE (Non Hispanic)	[]	NATIVE AMERICAN		
[]	HISPANIC	[]	ASIAN/PACIFIC ISLANDER	[]	AFRICAN-AMERICAN	
[]	_____					
OTHER		<u>GENDER:</u>	[]	MALE	[]	FEMALE

PLEASE RETURN THIS FORM TO:

Human Resources Division
Arizona Supreme Court
1501 West Washington, Suite 227
Phoenix, Arizona 85007